



## AMERICAN PATHWAYS 2000 APPLICATION FORM

**Application Deadline: April 1, 1999**

--Submit only one itinerary per application--

A. NOMINATION FOR:

1. Itinerary Name: \_\_\_\_\_
2. Destination(s) by city/community and state: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Length of Itinerary (# of days): \_\_\_\_\_

B. THEMES -- *Check each category for which you wish to be considered. An itinerary may be made up of any combination of these categories. (See description on Page 4 of the Introduction to American Pathways 2000.)*

- ☐ From Sea to Shining Sea
- ☐ I Have a Dream
- ☐ Lady Liberty
- ☐ Cultural Mosaic

C. ITINERARY DESCRIPTION -- *Explain Day 1, 2, 3, etc. with a description of morning, afternoon, and evening activities for each day. Underline, italicize, or bold each activity which interprets theme(s). (If more space is needed, attach this information in typewritten form on plain white bond at the end of the application. Please label your additional page(s) as "C. Itinerary Description.")*

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D.    **THEME(S) INTERPRETATION** -- *Explain fully how the **American Pathways 2000** themes will be interpreted by your itinerary for your participants, including examples of what activities in the itinerary interpret the theme. (If more space is needed, attach this information in typewritten form on plain white bond at the end of the application. Please label your additional pages as “D. Theme(s) Interpretation.”)*

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E.    **AVAILABILITY**

If the itinerary is limited by an event or season, please explain its availability or time limitations. Example: The itinerary revolves around a festival held once-a-year.

*Dates available:* \_\_\_\_\_

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F. MARKETING PLAN -- *Attach at least one of the following plans. Check which is/are attached. Attach Marketing Plan(s) at end of application after any other attachments.*

- ☐ Domestic Marketing Plan: Check that a completed Domestic Marketing Plan is attached.
- ☐ International Marketing Plan: Check that a completed International Marketing Plan is attached.

G. ELIGIBILITY CERTIFICATION OF SPONSORING OPERATOR – Self-certification

I certify that \_\_\_\_\_  
*Name of Business Entity*

☐ Is a member in good standing of:

- ☐ NTA
- ☐ USTOA
- ☐ ABA
- ☐ RSA
- ☐ ITSA

OR

☐ Has attached proof of eligibility (*See Introduction page 2, for list of proof needed.*)

CEO, managing partner, or sole proprietor:

_____	_____
<i>Print Name</i>	<i>Signature</i>
Name of Business _____	Date _____
Phone ( ) _____	Fax ( ) _____
E-mail _____	

H. CERTIFICATE OF ENDORSEMENT by Destination Marketing Organization (DMO)

I certify that _____	
<i>Name of DMO</i>	
is an official partner for _____	
<i>Name of Itinerary</i>	
DMO CEO	
_____	_____
<i>Print Name</i>	<i>Signature</i>
Address _____	
_____	
Phone ( ) _____	Fax ( ) _____
E-mail _____	

I. SPONSORING OPERATOR CONTACT INFORMATION

Name _____			
Title _____			
Organization _____			
Street Address _____			
City _____	State _____	Zip Code _____	
Phone ( ) _____	Fax ( ) _____		
E-mail _____			

J. RESPONSIBILITIES, IF DESIGNATED -- *Once designated, we understand we will be responsible for providing the following:*

1. Performance Measures which include the number of current sales of this itinerary, the number of sales between April 1999 and December 2000, and the number of inquiries about the itinerary. Information furnished is to track the volume of sales, not revenue.
2. Visual aids/descriptions to be used for publicity purposes.

3. Copies of any brochures or other materials developed using the official logo. (The official logo can only be used on designated itineraries.)

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Signature of CEO/Sponsoring Organization

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Date

Mail to Tourism Industries, U.S. Department of Commerce, Room 1860, Washington, D.C. 20230, Attn: Linda Harbaugh.

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